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COMMITTEE ON RELATIONS WITH
THE HOST COUNTRY

LETTER DATED 24 JUNE 1996 FROM THE CHAIRMAN OF THE COMMITTEE ON RELATIONS WITH THE HOST COUNTRY ADDRESSED TO PERMANENT MISSIONS OF MEMBERS AND OF OBSERVERS TO THE UNITED NATIONS

Dear Colleague,

In order to assist members of the United Nations diplomatic community in settling into their New York posting, the Committee on Relations with the Host Country, among other measures, is continuing to explore the possibilities for the United Nations diplomatic community to be provided with more affordable health care services.

In this connection, the Committee has decided to circulate among missions accredited to the United Nations the attached health care questionnaire (annex I) with a view to ascertaining the needs and requirements which missions might have in this area. The ultimate goal of this effort is to identify providers of medical insurance programmes which would be in a position to offer programmes capable of meeting those needs and requirements.

Missions are not asked to identify themselves in responding to the questionnaire. The information received will be processed and synthesized, and then brought to the attention of prospective providers of health services.

In addition to the questionnaire, in order to maintain dialogue on these matters, it is proposed that when the missions respond to the questionnaire, they also complete a separate form (annex II) indicating the name of a contact person at the mission to whom further communications on this subject should be addressed. The questionnaire and the form should be returned either to me or to the Secretary of the Committee (Mr. S. Tarassenko, room S-3420 D, telephone number (212) 963-5380, fax number (212) 963-6430), who will detach the form from the questionnaire. The identity of the responding missions will remain confidential, and will be known only by the Chairman and the Secretary of the Committee.

We look forward to receiving the completed questionnaire from all missions, as the maximum number of responses should ensure the success of this project. It would be appreciated if the questionnaire could be returned as soon as possible, but not later than 31 July 1996.

(Signed) Nicos AGATHOCLEOUS

ANNEX I

HEALTH CARE QUESTIONNAIRE

SECTION A. Current health insurance coverage

If the Mission offers medical insurance to some or all of its members, please provide answers to the following questions as appropriate. If the Mission does not offer medical insurance, please check this space [ ] and provide answers to the questions in section B below.

FOR MISSIONS WHICH PROVIDE INSURANCE:

Our insurer is a:

[ ] Government entity of the sending State.

[ ] Private entity in the sending State.

[ ] Private entity in the United States.

[ ] Other:
(please describe as appropriate)

_____

_____

_____

This entity provides health insurance to (please check all applicable categories of employees and dependants):

[ ] 1. All members of the staff of the Mission;

[ ] 2. Immediate family members of all such members of the staff of the Mission;

[ ] 3. Secondary dependants (i.e., parents, siblings) of all members of the staff of the Mission;

[ ] 4. Members of the staff of the Mission who are nationals of the sending State ONLY (except those engaged locally);

[ ] 5. Immediate family members of those in category 4 above;

[ ] 6. Secondary dependants of category 4 above;

[ ] 7. Private servants of the members of the staff of the Mission.

8. Does the Mission's insurance carrier provide insurance for nationals of the sending State who are hired locally?
[ ] Yes [ ] No

9. Does the Mission's insurance carrier provide coverage for the members of the staff of the Mission who are not nationals of the sending State?
[ ] Yes [ ] No

10. Does the Mission require that its employees who employ private servants carry medical coverage for them?
[ ] Yes [ ] No

Is the Mission broadly satisfied with its present arrangement?
[ ] Yes [ ] No

Would the Mission be interested in a medical insurance plan or plans which might offer to provide some sort of health coverage for any of the individuals in the categories enumerated above? If so, please circle the number or numbers below which correspond to the category or categories listed above:

1 2 3 4 5 6 7 8 9 10

Number of individuals in all circled categories combined: _____

(PLEASE GO TO SECTION C.)

SECTION B. No medical insurance coverage
(TO BE COMPLETED BY MISSIONS WHICH DO NOT OFFER MEDICAL INSURANCE IN NEW YORK)

[ ] The Mission is interested in exploring a health insurance plan or plans which would be prepared to meet the Mission's needs and those of the members of the diplomatic community in New York.

Approximate numbers of employees who might enrol: _____
Approximate numbers of dependants who might enrol: _____

[ ] The Mission is not interested in locally arranged health insurance coverage at this time.

SECTION C. Possible health insurance option

Does the Mission have an officially designated doctor to treat Mission staff and dependants in the first instance and for referrals to specialists?
[ ] Yes [ ] No

Which hospital or hospitals does the Mission use? _____

What sort of insurance programme might appeal to the Mission?
(please check all that apply)

[ ] A group insurance plan?

[ ] A prepaid medical care programme offered by a physician or group of physicians?

[ ] A plan offered by a hospital-based clinic for treatment at that facility?

[ ] A plan which would cover basic health care only (emergency room treatment, annual physical exams)?

[ ] A plan which would cover patient care in hospitals only?

[ ] A plan which would also provide for dental care?

[ ] Other concerns or coverage: _____

The Mission and/or its members would be interested in a plan which would cover:
(please check all that apply)

[ ] Mission staff members Number interested _____

[ ] Dependants Number interested _____

[ ] Private servants Number interested _____

The Mission and/or its members would be interested in a comprehensive plan that would provide for full, premier coverage the cost of which does not exceed:

[ ] US$ 50.00 per person per month

[ ] US$ 75.00 per person per month

[ ] US$ 100.00 per person per month

[ ] US$ 125.00 per family per month

[ ] US$ 150.00 per family per month

[ ] US$ 200.00 per family per month

Would payment be made by the Mission on behalf of its members, or would the individual members pay themselves?

SECTION D. Problems with health coverage

Please specify concerns, problems and suggestions, if any, which the Mission might have in connection with the medical coverage of its staff.

ANNEX II

(To be returned to the Secretary of the Committee, Mr. S. Tarassenko, room S-3420D)

Please provide the name, title and office telephone number of a contact person at your Mission:

Name: _____

Title: _____

Mission: _____

Telephone: (212)_____

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